

Clinical Department

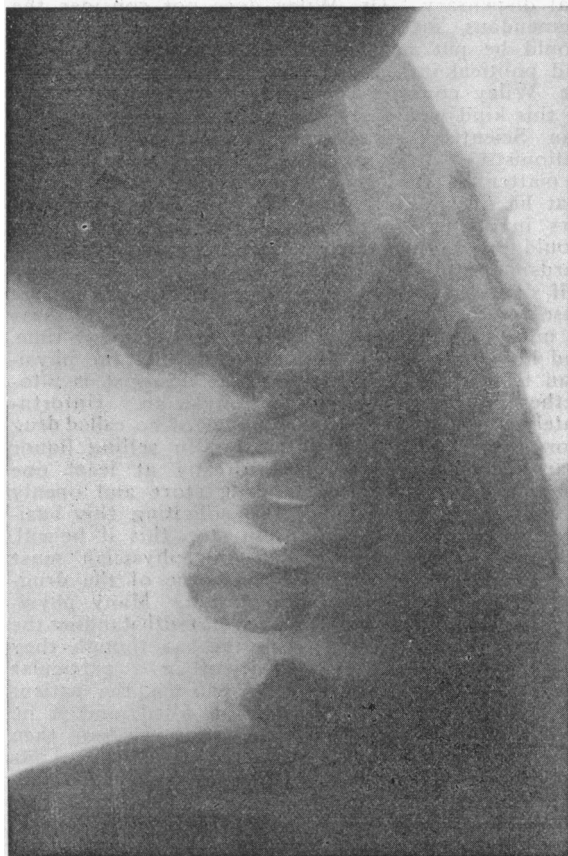
REPORT OF EXTENSIVE FRACTURE AND DISLOCATION OF 5th AND 6th VERTEBRAE WITH RECOVERY

Wm. K. Lindsay, M. D., Sacramento, Calif.

Mr. E. C., age 34, native of Calif., weight 155 lbs., height 5 feet, 8 inches, robust build.

June 18, 1920 at 9:15 p. m., he stopped his Ford car on a slight hill, stepped out in the dark and opened a gate, the brakes gave way, letting the automobile run forward knocking him down and passing over him, the body sustained the weight of the automobile from the transmission housing resting across his neck.

Mr. C. was stunned but succeeded in picking himself up and walking a distance of three-quarters of a mile to his home, where he arrived much exhausted and went to bed, where he remained for four weeks. He got up and was about the house until Aug. 2, when he came to my office complaining of stiffness of the neck, and numbness of the right thumb, and pain through the shoulders.



Dr. Harold Zimmerman reports, "X-ray examination of the cervical spine shows fracture dislocation of the 5th and 6th cervical vertebrae. The body of the 5th is displaced, completely separated from its spinous process. Small fracture of the body of the 6th. Naturally this gives rather sharp angulation in both the anterior, posterior and lateral projection. Considerable callous formation is seen.

"Shoulder plates show no definite fracture, but slight dislocation of the left acromio clavicular articulation."

After consultation with Dr. Harry Sherman of San Francisco, who concurred in my findings, I advised Mr. C. to return to his home and be very cautious for another six weeks.

Sept. 8th he returned to my office much improved, but still complaining of some numbness of the right thumb, with considerable stiffness of the neck.

The second X-ray reveals: "Examination of this date, shows fracture, dislocation of the 5th cervical vertebrae, as reported before with the fragments in the same position and relation. They seem to be sufficiently immobilized in this position by callous formation."

It is evident that the complete separation of the laminae from the body of the 5th vertebrae sufficiently relieved the angulation of the cord and prevented troma or severing of the cord and fatal termination.

THE USE OF BENZYL-BENZOATE IN SEASICKNESS

T. H. Glenn, M. D., Los Angeles

The efficiency of benzyl-benzoate in the relief of spasms of the smooth muscle tissues has been amply confirmed. Many of us have seen marked relief follow the administration of this drug in dysmenorrhea, cardiospasm, pylorospasm, pain in gastric ulcer and in certain forms of asthma. Hiccoughs yield to its use and, recently, Macht has reported good results following its use in whooping cough.

The striking results obtained in the above conditions led the writer to suggest the use of benzyl-benzoate in seasickness.

An opportunity to try out this drug in seasickness came when the secretary in our office decided to take a boat trip from Los Angeles to Seattle. At my suggestion, she took some benzyl-benzoate along.

Soon after leaving Los Angeles harbor, she became ill, took ten drops of benzyl-benzoate and received almost instant relief. At night, when she returned to her room, she found the woman in the upper berth violently ill. She was given ten drops of the drug and almost at once the groans and vomiting ceased. The woman was so still during the night that our secretary was afraid that she had killed her and was greatly relieved when she awoke the next morning to find the woman perfectly happy.

A telephone operator desired to go to Catalina for her vacation but feared the trip as she had always been seasick when riding on a steamer. At our suggestion she took benzyl-benzoate along. She became ill soon after leaving the harbor and took ten drops of the drug. Her symptoms disappeared very rapidly and she enjoyed a sea voyage for the first time in her life.

The writer's wife was attacked with seasickness soon after leaving Catalina. She was so ill that it was with difficulty she could swallow ten drops of benzyl-benzoate in water. The effect, however was immediate. The desire to vomit disappeared and she was able to enjoy the remainder of the voyage. Several others, who had been attacked with seasickness on the ship were given ten drops of the drug with instant relief.

While the number of cases in which benzyl-benzoate has been used in seasickness, at the suggestion of the writer has been small, about twenty in all, the result in every case in which it has been used has been so satisfactory, that the writer feels justified in recommending the use of this drug in all cases of seasickness.

In our cases, ten drops of the drug were used, a small dose. One-half to a teaspoonful can be given with safety. As the sea voyage was short in all our cases, we were not able to determine how long the effect of the drug will last. The results in our cases have been uniformly good and warrant a further study of the effects of benzyl-benzoate in seasickness. It may be that in benzyl-benzoate we have a drug that will make many a seasick victim happy.